

County: Milwaukee
HALES CORNERS CARE CENTER
9449 WEST FOREST HOME AVENUE

Facility ID: 4010

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HALES CORNERS 53130 Phone: (414) 529-6888

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/00): 62

Total Licensed Bed Capacity (12/31/00): 62

Number of Residents on 12/31/00: 60

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Average Daily Census: 61

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/00)				Length of Stay (12/31/00)		%
-----	-----	-----	-----	-----	-----	-----	-----	-----
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		53.3
Supp. Home Care-Household Services	No	Developmental Disabilities	1.7	Under 65	0.0	More Than 4 Years		10.0
Day Services	No	Mental Illness (Org./Psy)	18.3	65 - 74	8.3			-----
Respite Care	No	Mental Illness (Other)	1.7	75 - 84	40.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	6.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.3		100.0	(12/31/00)		
Other Meals	No	Cardiovascular	18.3	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	5.0	-----	-----	RNs		10.6
Referral Service	No	Diabetes	6.7	Sex	%	LPNs		11.2
Other Services	Yes	Respiratory	6.7	-----	-----	Nursing Assistants		
Provide Day Programming for		Other Medical Conditions	35.0	Male	20.0	Aides & Orderlies		36.7
Mentally Ill	No		-----	Female	80.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Managed Care			Percent Of All Residents	
	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem	No.	%	Per Diem		Total
			Rate			Rate			Rate			Rate			Rate		
Int. Skilled Care	0	0.0	\$0.00	1	5.0	\$137.83	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	1	1.7%
Skilled Care	7	100.0	\$325.53	19	95.0	\$118.29	0	0.0	\$0.00	33	100.0	\$183.33	0	0.0	\$0.00	59	98.3%
Intermediate	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Limited Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Disabled	---	---	---	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj.	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependent	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	7	100.0		20	100.0		0	0.0		33	100.0		0	0.0		60	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	2.5	Bathing	1.7	78.3	20.0	60
Private Home/With Home Health	0.0	Dressing	8.3	78.3	13.3	60
Other Nursing Homes	7.5	Transferring	18.3	66.7	15.0	60
Acute Care Hospitals	88.8	Toilet Use	10.0	75.0	15.0	60
Psych. Hosp. -MR/DD Facilities	0.0	Eating	61.7	20.0	18.3	60
Rehabilitation Hospitals	0.0	*****				
Other Locations	1.3					
Total Number of Admissions	80	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	8.3	Receiving Respiratory Care	8.3	
Private Home/No Home Health	6.2	Occ/Freq. Incontinent of Bladder	45.0	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	16.0	Occ/Freq. Incontinent of Bowel	35.0	Receiving Suctioning	0.0	
Other Nursing Homes	2.5			Receiving Ostomy Care	3.3	
Acute Care Hospitals	14.8	Mobility		Receiving Tube Feeding	5.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	1.7	Receiving Mechanically Altered Diets	30.0	
Rehabilitation Hospitals	0.0					
Other Locations	23.5	Skin Care		Other Resident Characteristics		
Deaths	37.0	With Pressure Sores	10.0	Have Advance Directives	98.3	
Total Number of Discharges		With Rashes	5.0	Medications		
(Including Deaths)	81			Receiving Psychoactive Drugs	53.3	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	Ownership:			Bed Size:		Licensure:		All	
	Proprietary			50-99		Skilled		Facilities	
	This Facility	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	98.4	74.6	1.32	86.1	1.14	81.9	1.20	84.5	1.16
Current Residents from In-County	81.7	84.4	0.97	90.2	0.91	85.6	0.95	77.5	1.05
Admissions from In-County, Still Residing	23.8	20.4	1.17	22.1	1.08	23.4	1.01	21.5	1.10
Admissions/Average Daily Census	131.1	164.5	0.80	168.8	0.78	138.2	0.95	124.3	1.06
Discharges/Average Daily Census	132.8	165.9	0.80	169.2	0.78	139.8	0.95	126.1	1.05
Discharges To Private Residence/Average Daily Census	29.5	62.0	0.48	70.9	0.42	48.1	0.61	49.9	0.59
Residents Receiving Skilled Care	100	89.8	1.11	93.2	1.07	89.7	1.11	83.3	1.20
Residents Aged 65 and Older	100	87.9	1.14	93.4	1.07	92.1	1.09	87.7	1.14
Title 19 (Medicaid) Funded Residents	33.3	71.9	0.46	51.5	0.65	65.5	0.51	69.0	0.48
Private Pay Funded Residents	55.0	15.0	3.66	36.3	1.51	24.5	2.25	22.6	2.43
Developmentally Disabled Residents	1.7	1.3	1.26	0.4	3.73	0.9	1.87	7.6	0.22
Mentally Ill Residents	20.0	31.7	0.63	33.0	0.61	31.5	0.64	33.3	0.60
General Medical Service Residents	35.0	19.7	1.78	24.2	1.44	21.6	1.62	18.4	1.90
Impaired ADL (Mean)	48.7	50.9	0.96	48.8	1.00	50.5	0.96	49.4	0.99
Psychological Problems	53.3	52.0	1.03	47.7	1.12	49.2	1.08	50.1	1.06
Nursing Care Required (Mean)	7.7	7.5	1.03	7.3	1.06	7.0	1.10	7.2	1.08